ADVANCE DIRECTIVES FOR RESUSCITATION
AND OTHER LIFE-SAVING OR SUSTAINING
MEASURES

Some people want to specify in advance the types of medical procedures they would or would not want to undergo in the event that they become incompetent. They can fulfill this desire through a written advance directive, or by appointing a proxy decision-maker, or both. Physicians should assist their patients in these endeavors. They should honor a patient’s advance directive unless there are reasonable grounds for not going so.

In recent years, patient concern over decision-making in the medical setting has increasingly focused on advance directives for cardiopulmonary resuscitation, resuscitation in general and other life-saving or sustaining measures. The CMA holds that the right to accept or reject any treatment or procedure ultimately resides with the patient or appropriate proxy. This includes the right to accept or refuse resuscitative as well as other life-saving or sustaining measures should they become medically indicated. Furthermore, under certain circumstances it may be appropriate for a patient to indicate to the physician and other relevant persons, by means of an advance directive, whether he or she wants such resuscitative measures taken should the need arise.

Patients frequently believe that an advance directive to refuse life-saving or sustaining measures will be honored under all circumstances. The reality of medical practice makes this impossible. If an advance directive is specific to a particular set of circumstances the directive itself will have no force when these circumstances or ones essentially similar to them do not exist. On the other hand, if an advance directive is so general that it applies to all possible circumstances that could arise it is usually too vague to give any usable direction to the physician. In either case physicians will have to rely on their professional judgement to reach a decision.

Implementation:

1. A physician should assist a patient in a consultative capacity in the preparation of an advance directive concerning life-saving or sustaining measures if the patient requests such assistance. In the course of this consultative process, the physician should try to make sure that the patient understands the
limits of such documents. Also, the physician should impress upon the patient the need to make advance directives reasonable and accessible. Any such advance directive should be in writing.

2. A patient's duly executed advance directive shall be honoured by the attending physician unless there are reasonable grounds to suppose that it no longer represents the wishes of the patient or that the patient's understanding was incomplete at the time the directive was prepared.

3. Some patients may not wish to execute an advance directive but are concerned about who will make health care decisions for them when they are no longer able to do so. Physicians should explore with these patients the possibility of identifying a specific person who will have the legal power to make health care decisions on their behalf in such an eventuality.

4. Physicians whose patients do wish to draw up advance directives should explore with them the possibility of identifying a specific person who will have the legal power to act as their proxy decision-maker should the need arise for clarification of the advance directive.